PRINTED: 10/13/2010 FORM APPROVED OMB NO: 0938-0391

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			X2) MULTIPLE CONSTRUCTION L. BUILDING		(X3) DATE SURVEY COMPLETED	
\odot	#*************************************					С		
		290003	B. WI	VG		08/06/2010		
	ROVIDER OR SUPPLIER HOSPITAL AND ME	DICAL CENTER		3	REET ADDRESS, CITY, STATE, ZIP CODE 1186 S MARYLAND PKWY LAS VEGAS, NV 89109			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6)/ COMPLETION DATE	
A 000	This Statement of I the result of an EM Treatment and Lab which was conduct 08/04/10 through 0 CFR Chapter IV Se census was 453 an sampled.	Deficiencies was generated as TALA (Emergency Medical or Act) Complaint Investigation ed at your facility from 8/06/10 in accordance with 42 ection 489.20 and 489.24. The d 45 patient records were	A		TAG A2400 The standard is not met as evident finding at A2406, it was determine Sunrise Hospital and Medical Cent ("Hospital") failed to ensure comp with CFR 489.24 (r) and 489.24 (c) MEDICAL SCREENING EXAM. TAG A2406 Based on the findings described in it was determined the Hospital fail ensure compliance with CFR 489.2	ed that er liance A2406, led to	10/29/10	
	Complaint #NV000 physician on-call lis Allegation of no approved was substantiated. The findings and could be the Health Divis prohibiting any crinactions, or other clavailable to any pastate, or local laws. The following regul	25517 - Allegation regarding a st was unsubstantiated. Coropriate medical screening at Tag 2400 and 2406. Conclusions of any investigation ion shall not be construed as ninal or civil investigations, aims for relief that may be rty under applicable federal,			489.24 (c). 1 out of 45 records sam lacked documented evidence a pse evaluation was completed to rule psychiatric emergency condition. Response The Hospital initiated an internal rand in depth root cause analysis o case on 7/27/08. Sunrise Hospital Medical Center does not have lice	npled ychiatric out a review if this and insed	•	
A2400	identified. 489.20(I) COMPLIA [The provider agree	ANCE WITH 489.24 es,] in the case of a hospital as (b), to comply with §489.24.	A2	400	does not have a psychiatrist listed physician ED on call roster. All of Sunrise ED physicians are qualified	in the the d and	CEIVER	
A2406	Based on finding a ensure compliance 489.24(r) and 489. EXAM Applicability of prov (1) In the case of a emergency departs	visions of this section. hospital that has an nent, if an individual (whether		406	related to a psychiatric condition is present. A review of the following policies completed on 8/2008 and again o 10/21/10. These policies, Policy#S Mental Health Acute Care Manage	SUREAU OF LICENS LAS VEL was n AF1002 -	O 1 2010 UPLE AND CENTIFICATION: AS, NEVALS.	
ABORATOR	Y DIRECTOR'S OR PROVI	DERVSUPPLIER REPRESENTATIVE'S SIGN	ATURE		TITLE 78/0		(X6) DATE	

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days liowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 yes following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

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A2408 Continued From page 1 or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including anciliary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) If an emergency medical condition is determined to exist, provide any necessary		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A2408 Continued From page 1 or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) if an emergency medical condition is determined to exist, provide any necessary STREET ADDRESS, CITY, STATE, ZIP CODE 3188 S MARYLAND PKWY LAS VEGAS, NV 89109 PREFIX CROSS-REFERENCED TO THE APPROPRIATE (EACH CORRECTION OF CORRECTION (EACH CORRECTION DETECTION THE APPROPRIATE DEFICIENCY) A2408 Pediatric and Adult (Adult Legal 2000) (See Exhibit A1) and Policy#HWSAF1003 - Patients Requiring Protective Holds or with Correctional Restrictions are completed. Exhibit A1 - Policy#SAF1002 - Mental Health Acute Care Management — Pediatric and Adult (Adult Legal 2000) Exhibit A2 - Policy#HWSAF1003 - Patients Requiring Protective Holds or with Correctional Restrictions (b) If an emergency medical condition is determined to exist, provide any necessary							С	
SUNRISE HOSPITAL AND MEDICAL CENTER (X4) ID PREFIX TAG (SACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION) A2408 Continued From page 1 or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancilitary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) if an emergency medical condition is determined to exist, provide any necessary			290003	a. WING			08/06/2010	
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) A2406 Continued From page 1 or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) if an emergency medical condition is determined to exist, provide any necessary Pediatric and Adult (Adult Legal 2000) (See Exhibit A1) and Policy#HWSAF1003 - Patients Requiring Protective Holds or with Correctional Restrictions (See Exhibit A2), are still in place to provide guidance on the procedures and processes for ensuring psychiatric evaluations are completed. Exhibit A1 - Policy#SAF1002 - Mental Health Acute Care Management — Pediatric and Adult (Adult Legal 2000) Exhibit A2 - Policy#HWSAF1003 - Patients Requiring Protective Holds or with Correctional Restrictions (b) if an emergency medical condition is determined to exist, provide any necessary			DICAL CENTER		31	186 S MARYLAND PKWY		
or not eligible for Medicare benefits and regardiess of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and (b) If an emergency medical condition is determined to exist, provide any necessary	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOUNDS OF CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
of this section, or an appropriate transfer as defined in paragraph (a) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section. (2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver	A2406	or not eligible for Maregardiess of ability emergency department (b) of this section, it an appropriate med within the capability department, including available to the emedetermine whether condition exists. The conducted by an inequalified by hospital regulations and whom \$482.55 of this character continuous to exist stabilizing treatment of this section, or a defined in paragraphospital admits the further treatment, it this section ends, a of this section. (2) Nonapplicability Sanctions under this section. (2) Nonapplicability Sanctions under this section ends, a of this section ends, a of this section ends, a of this section under this section which is section where the section or relocation or relocation endical screening apply to a hospital department located specified in section waiver of these san period beginning up hospital disaster prinealth emergency in ealth emergency in the section in the section waiter of these san period beginning up hospital disaster prinealth emergency in the section in the section waiter of these san period beginning up hospital disaster prinealth emergency in the section in the section waiter of these san period beginning up hospital disaster prinealth emergency in the section in the section waiter of these san period beginning up hospital disaster prinealth emergency in the section	dicare benefits and to pay) "comes to the nent", as defined in paragraph he hospital must (i) provide ilcal screening examination of the hospital's emergency in ancillary services routinely ergency department, to or not an emergency medical ne examination must be dividual(s) who is determined by the provide and precessary and direction; and medical condition is provide any necessary that defined in paragraph (d) in appropriate transfer as the (e) of this section. If the individual as an inpatient for the hospital's obligation under a specified in paragraph (d)(2) of provisions of this section. In the individual as an inpatient for the hospital's obligation under a specified in paragraph (d)(2) of provisions of this section. In the individual to receive at an alternate location do not with a dedicated emergency in an emergency area, as 1135(g)(1) of the Act. A actions is limited to a 72-hour toon the implementation of a otocol, except that, if a public nvolves a pandemic infectious	A24	108	Exhibit A1) and Policy#HWSAF100. Patients Requiring Protective Hold Correctional Restrictions (See Exhibit are still in place to provide guidant procedures and processes for ensurpsychiatric evaluations are completed. Exhibit A1 - Policy#SAF1002 - Health Acute Care Management Pediatric and Adult (Adult Legement Pediatric and Adult (Adult Legement Pediatric and Restrictions Action: Policy Review Policy#SAF1002 (See Exhibit A1) we reviewed on 10/22/10 and minor revisions recommended. The Boar Trustees (BOT) approved the revision 10/25/10. A Medical Screening Exam was peron this patient, and was still in proceeding the patient's death. The Physician determined as required 433A.170 (See Exhibit B1) and not the Nevada Legal 2000 (L2K) R for Exhibit B2), the patient had "no medisorder or disease other than a peroblem that required hospitalization part of the ongoing MSE, monitorior."	s - Is or with ibit A2), ce on the uring eted. Mental ent — cal 2000) 3 - Holds or ras wording ed policy rformed egress at the ED by NRS. ed on m (See edical sychiatric cion." As ng was	

Event ID: 8IC411



ORM CMS-2567(02-99) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/13/2010 FORM APPROVED OMB NO. 0938-0391

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB NO.	0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2).N A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		290003	B. WI	B. WING			C: 6/2010
	ROVIDER OR SUPPLIER E HOSPITAL AND ME	DICAL CENTER		3	REET ADDRESS, CITY, STATE, ZIP CODE 186 S MARYLAND PKWY AS VEGAS, NV 89109		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
A2406	will continue in effer applicable declaration emergency, as provided in the Act. (c) Use of Dedicate Nonemergency Self an individual come emergency departments or her behalf for a medical condition makes it clear that an emergency nature to perform such scrappropriate for any manner, to determinate an emergency manner, to determinate an emergency This STANDARD I Based on interview failed to ensure an examination was considered in the patient of the pa	ct until the termination of the ion of a public health vided for by section 1135(e)(1) of Emergency Department for vices es to a hospital's dedicated nent and a request is made on examination or treatment for but the nature of the request the medical condition is not of the medical condition is not of the medical condition is not of the medical condition in that the individual does not would be individual presenting in that the that the individual does not would be individual condition. In the medical condition is not met as evidenced by: and record review, the facility appropriate medical screening onducted to rule out a not for 1 of 45 sampled in the the Emergency is an ambulance on 07/27/08 chief complaint of Depression	A24	408	Emergency Department Discharge Observation Unit (DOU) to await evaluation by the County Mobile O providers. Staff assigned to this geographic location do not have responsibility for other patients. Exhibit B1 - NRS. 433A.170 Exhibit B2 - Nevada Legal 2000 form Action: Contracted Services Reviev The Hospital made and entered int professional services agreement w Behavioral Health Institute, Inc. on 14, 2008. The contractor, Behavio Health Institute, Inc., per the executon provide consultation and relate Psychiatric Professional Services to unassigned inpatients and Emerge Room patients in a timely manner, unassigned patient is defined as th patient who is not under a care of psychiatrist at the time of visit to t facility. The agreement is currently effect until January 31, 2011. In addition to the above reference	crisis C (L2K) R Lo a Lith August ral Luted vailable d ncy An lie a he v in	
•					contracted services, the Hospital h current contract in place with Sout Nevada Adult Mental Health Servic (SNAMHS) to ensure all appropriat	thern ces	28 30

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The Nursing Progress Notes dated 07/27/08 at 2:13 AM documented "...Refused to use urinal.

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Facility ID: NVS839HOS

mentally ill persons, for whom an

involuntary legal hold has been initiated,

If continuation sheet page 3 of 25

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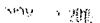
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		- 1			(X3) DATE SURVEY COMPLETED	
•	290003	B. WI	√G		08/0	Ç 6/2010
	DICAL CENTER		3	186 S MARYLAND PKWY		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTION SHOT	JLD BE	(X5) COMPLETION DATE
Physically confronta The Physician Clinic 12:14 AM document Delusional and Para He has exhibited a streported by the spot angry and had mood situational problems sleeping: The patient delusions: The symp severe. No injury is The physician's clinic psychosis with delus Patient #11 was plan 07/27/08 at 2:15 AM "Patient states he's The patient was me physician certified the and was a danger to 2:30 AM due to "Patient was no docur had a psychiatric ev psychiatric emergent On 07/27/08 at 4:40 "Suicide Risk Factor total score of 7. If the then the facility woult referral for further as Patient #11 was transpychiatric hold area	cal Report dated 07/27/08 at ted "Chief Complaint - anold. This started yesterday, sudden behavior change use. The patient has been d swings and insomnia. No at has no been eating or at has had persecution proms are described as present." Ical impression was "Acute sions." Ical i	A24	-	Team (MCT) staff. Once evaluated SNAMHS MCT a determination is r to whether the patient is in need of emergency mental health treatme could be released from the involutional hold and referred to a community program. The results of the SNAMI staff are provided to the Sunrise HED Medical Staff for review and ap Once the final disposition of the parapproved by the ED Medical Staff, SNAMHS MCT implements the apprecommendations. The contract we reviewed, approved, and renewed 1/1/08. RESPONSIBLE PARTY Chief Nursing Officer MONITORING The ED Medical Director or designed conduct an audit of 30 patient recommendations with faxing of the Never Legal 2000 (L2K) R form (See Exhibit the SNAMHS and to assess compliance with completion of the requested levaluation, Medical Screening	by the nade as of nt or ntary based HS MCT ospital proval. atient is the proved was last on the product of the proved was last on the product of the proved was last on the product of the	
nursing progress no	te documented the patient			• Exhibit G1 – Legal 2000 Daily C	ount	
	Continued From pare Physically confronts The Physician Clinic 12:14 AM documen Delusional and Pare He has exhibited a reported by the spon angry and had moor situational problems sleeping. The patient delusions, The sympsevere. No injury is The physician's clinic psychosis with delusions. The patient #11 was pla 07/27/08 at 2:15 AM "Patient states he's The patient was me physician certified it and was a danger to 2:30 AM due to "Patient and was a danger to 2:30 AM due to "Patient states he's There was no docur had a psychiatric emerger On 07/27/08 at 4:40 "Suicide Risk Factor total score of 7. If the there is for further as Patient #11 was trar psychiatric hold area nursing progress no	29,0003 PROVIDER OR SUPPLIER E HOSPITAL AND MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PROVIDER OR SUPPLIER HOSPITAL AND MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) Continued From page. 3 Physically confrontational" The Physician Clinical Report dated 07/27/08 at 12:14 AM documented "Chief Complaint Delusional and Paranoid. This started yesterday, He has exhibited a sudden behavior change reported by the spouse. The patient has been angry and had mood swings and insomnla. No situational problems. Has no been eating or sleeping. The patient has had persecution delusions, The symptoms are described as severe. No injury is present." The physician's clinical impression was "Acute psychosis with delusions." Patient #11 was placed on a legal psychiatric hold 07/27/08 at 2:16 AM by a registered nurse due to "Patient was medically cleared by the ED physician on 07/27/08 at 2:30 AM. The ED physician certified the patient has a mental illness and was a danger to self or others on 07/27/08 at 2:30 AM due to "Patient is acutely psychotic." There was no documented evidence the patient had a psychiatric evaluation to rule out a psychiatric emergency condition. On 07/27/08 at 4:40 AM, the facility completed a "Suicide Risk Factor Scale" which indicated a total score of 7. If the total score of 12 or greater, then the facility would initiate a case management referral for further assessment. Patient #11 was transferred from the ED to a psychiatric hold area on 07/27/08 at 5:25 AM. The nursing progress note documented the patient	PROVIDER OR SUPPLIER E HOSPITAL AND MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSG IDENTIFYING INFORMATION) Continued From page.3 Physically confrontational" The Physician Clinical Report dated 07/27/08 at 12:14 AM documented "Chief Complaint Delusional and Paranold. This started yesterday, He has exhibited a sudden behavior change reported by the spouse, The patient has been angry and had mood swings and insomnia. No situational problems. Has no been eating or sleeping. The patient has had persecution delusions. The symptoms are described as severe. No injury is present." The physician's clinical impression was "Acute psychosis with delusions." Patient #11 was placed on a legal psychiatric hold 07/27/08 at 2:15 AM by a registered nurse due to "Patient states he's very depressed and anxious." The patient was medically cleared by the ED physician or 07/27/08 at 2:30 AM. The ED physician certified the patient has a mental illness and was a danger to self or others on 07/27/08 at 2:30 AM due to "Patient is acutely psychotic." There was no documented evidence the patient had a psychiatric evaluation to rule out a psychiatric emergency condition. On 07/27/08 at 4:40 AM, the facility completed a "Suicide Risk Factor Scale" which indicated a total score of 7. If the total score of 12 or greater, then the facility would initiate a case management referral for further assessment. Patient #11 was transferred from the ED to a psychiatric hold area on 07/27/08 at 5:25 AM. The nursing progress note documented the patient	ROVIDER OR SUPPLIER E HOSPITAL AND MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSG IDENTIFYING INFORMATION) Continued From page. 3 Physically confrontational" The Physician Clinical Report dated 07/27/08 at 12:14 AM documented "Chief Complaint Delusional and Paranold. This started yesterday, He has exhibited a sudden behavior change reported by the spouse. The patient has been aging or sleeping. The patient has had persecution delusions. The symptoms are described as severe. No injury is present." Patient #11 was placed on a legal psychiatric hold 07/27/08 at 2:15 AM by a registered nurse due to "Patient states he's very depressed and anxious." The patient tase and anger to self or others on 07/27/08 at 2:30 AM. The ED physician on 07/27/08 at 4:40 AM, the facility completed a "Suicide Risk Factor Scale" which indicated a total score of 7. If the total score of 12 or greater, then the facility would initiate a case management referral for further assessment. Patient #11 was transferred from the ED to a psychilatric hold and referred for indicated a total score of 70. If the total score of 12 or greater, then the facility would initiate a case management referral for further assessment.	A BUILDING 290003 STREET ADDRESS, CITY, STATE, ZIP CODE 3108 S MARYLAND PRWY LAS VEGGAS, N 99109 SUMMARY STATEMENT OF DESCRIBERIOSES IS MARYLAND PRWY LAS VEGGAS, N 99109 SUMMARY STATEMENT OF DESCRIBERIOSES IS MARYLAND PRWY LAS VEGGAS, N 99109 COntinued From page.3 Physically confrontational The Physically confrontational The Physical Clinical Report dated 07/27/08 at 12:14 AM documented "Chief Complaint-Delusional and Paranold. This started vesterday, He has exhibited a sudden behavior change reported by the spouse. The patient has been aringry and had mood swings and insomnia. No situational problems. Has no been eating or sleeping. The patient has had persecution delusions. The symptoms are described as severe. No injury is present." The physician's clinical impression was "Acute psychosia with delusions." Patient #11 was placed on a legal psychiatric hold 07/27/08 at 2:15 AM by a registered nurse due to "Patient is acutely psychotic." There was no documented evidence the patient had a psychiatric evaluation to rule out a psychiatric for further assessment. Patient #11 was transferred from the ED to a psychiatric hold area on 07/27/08 at 5:25 AM. The nursing progress not deductmented the patient in the facility would initiate a case management referral for further assessment.

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Event ID: 8IC411

Facility ID: NV\$638HOS

if continuation sheet page 4 of 2!



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NO TON MEDICINIC	& MEDICAID SERVICES				OWR NO	. 0938-0391
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	1			(X3) DATE SURVEY COMPLETED	
•	290003	B. WIN	iG		, .	C . 8/2010
PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
E'HOSPITAL AND ME	DIGAL CENTER		31	186 S MARYLAND PKWY		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
. '	••	A24	106	Spreadsheet and Referral Aud	lit Tool	
were removed. The monitored with cam were given to secur moderate restlessor reported moderate ideation or plan, del difficulty breathing, normal, the patient hyperactive body la On 07/27/08 at 7:04 patient was calm ar patient was awaiting Spanish speaking didentified the patient	psychiatrio holding area was eras and patient belongings ity. The patient reported ass and anxiety. The patient depression, denied suicidal nied anger, headache or The patient's affect appeared appeared agitated with nguage. AM, nursing documented the id resting quietly. AM, nursing documented the detection of the patient was only and translation by security thad flight of ideas, confused		en er	reported to the Proactive Patient and Quality Care Committee (QCC and BOT. Action: Policy Review. The policy, SAF1002 - Mental Heal Care Management - Pediatric and (Adult Legal 2000) (Exhibit A1), in the time of this event did not required documentation of 15 minute safe: Additionally, there was no physici for 15 minute safety checks. The practice of the nursing staff wo observe the patient every 15 minute.	ith Acute Adult place at ly checks. an order	
"Patient was found at 12:45 PM and for mouth and patient woode." The ED physician pon 07/27/08 at 1:00 There was no docu was checked every On 08/05/10 at 1:26 the patient was place.	face down in bed to eat lunch und 2 socks stuck to his was not responsive called ronounced the patient death PM. mented evidence the patient 15 minutes for safety. 5 PM, Employee #6 indicated sed on suicide precautions and	·		More specific and stratified obser procedures were implemented us new form titled "Precaution Mon Flow Sheet" (See Exhibit D1). This incorporated documentation of 1 safety checks. This process was implemented in 9/2009 following presentation of the root cause an The Joint Commission. The assess	sing a itoring form minute allysis to	
	Continued From parminute checks perfection were given to secur moderate restlessor reported moderate dideation or plan, dei difficulty breathing, normal, the patient hyperactive body la On 07/27/08 at 7:04 patient was calm ar On 07/27/08 at 9:10 patient reported ampatient was awaiting Spanish speaking of identified the patient and delusional "doe world." On 07/27/08 at 1:00 "Patient was found at 12:45 PM and for mouth and patient was found at 12:45 PM and f	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 290003 PROVIDER OR SUPPLIER E HOSPITAL AND MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 minute checks performed, clothing and valuables were removed. The psychiatric holding area was monitored with cameras and patient belongings were given to security. The patient reported moderate restlessness and anxiety. The patient reported moderate depression, denied suicidal ideation or plan, denied anger, headache or difficulty breathing. The patient's affect appeared normal, the patient appeared agitated with hyperactive body language. On 07/27/08 at 7:04 AM, nursing documented the patient was calm and resting quietly. On 07/27/08 at 9:10 AM, nursing documented the patient reported anxiety and restlessness. The patient was awaiting evaluation. The patient was Spanish speaking only and translation by security identified the patient had flight of ideas, confused and delusional "does not want to contaminate the world." On 07/27/08 at 1:00 PM, nursing documented "Patient was found face down in bed to eat lunch at 12:45 PM and found 2 socks stuck to his mouth and patient was not responsive called	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 290003 ROVIDER OR SUPPLIER E'HOSPITAL AND MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 minute checks performed, clothing and valuables were removed. The psychiatrio holding area was monitored with cameras and patient belongings were given to security. The patient reported moderate restlessness and anxiety. The patient reported moderate depression, denied suicidal ideation or plan, denied anger, headache or difficulty breathing. The patient's affect appeared normal, the patient appeared agitated with hyperactive body language. On 07/27/08 at 7:04 AM, nursing documented the patient was calm and resting quietly. On 07/27/08 at 9:10 AM, nursing documented the patient was awaiting evaluation. The patient was Spanish speaking only and translation by security identified the patient had flight of ideas, confused and delusional "does not want to contaminate the world." On 07/27/08 at 1:00 PM, nursing documented "Patient was found face down in bed to eat lunch at 12:45 PM and found 2 socks stuck to his mouth and patient was not responsive called code." The ED physician pronounced the patient death on 07/27/08 at 1:00 PM. There was no documented evidence the patient was checked every 15 minutes for safety. On 08/05/10 at 1:25 PM, Employee #6 indicated the patient was placed on suicide precautions and	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER UPON NUMBER: 290003 PROVIDER OR SUPPLIER E HOSPITAL AND MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 minute checks performed, clothing and valuables were removed. The psychiatric holding area was monitored with cameras and patient belongings were given to security. The patient reported moderate depression, denied suicidal ideation or plan, denied anger, headache or difficulty breathing. The patient's affect appeared normal, the patient appeared agitated with hyperactive body language. On 07/27/08 at 7:04 AM, nursing documented the patient reported anxiety and restlessness. The patient was calm and resting quietly. On 07/27/08 at 9:10 AM, nursing documented the patient reported anxiety and restlessness. The patient was awaiting evaluation. The patient was Spanish speaking only and translation by security identified the patient had flight of ideas, confused and delusional "does not want to contaminate the world." On 07/27/08 at 1:00 PM, nursing documented "Patient was found face down in bed to eat lunch at 12:45 PM and found 2 socks stuck to his mouth and patient was not responsive called code." The ED physician pronounced the patient death on 07/27/08 at 1:00 PM. There was no documented evidence the patient was checked every 15 minutes for safety. On 08/05/10 at 1:25 PM, Employee #6 indicated the patient was placed on suicide precautions and	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDERUSUPPLIENULA DENTIFICATION NUMBER 20003 FROVIDER OR SUPPLIER E HOSPITAL AND MEDICAL CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MISS TEE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntlinued From page 4 minute checks performed, clothing and valuables were removed. The psychiatric holding area was monitored with cameras and patient belongings were given to security. The patient reported moderate restiseness and arxiety. The patient reported moderate depression, denied suicidal ideation or plan, denied anger, headache or difficulty breathing. The patient's affect appeared normal, the patient appeared agitated with hyperactive body language. On 07/27/08 at 7:04 AM, nursing documented the patient was calm and resting quietly. On 07/27/08 at 9:10 AM, nursing documented the patient was awaiting evaluation. The patient was spanish speaking only and translation by security identified the patient had flight of ideas, confused and delusional "does not want to contaminate the world." On 07/27/08 at 1:00 PM, nursing documented "Patient was found face down in bed to eat lunch at 12:45 PM and found 2 socks stuck to his mouth and patient was not responsive called code." The ED physician pronounced the patient death on 07/27/08 at 1:00 PM. There was no documented evidence the patient was checked every 15 minutes for safety. On 08/05/10 at 1:25 PM, Employee #6 indicated the patient was placed on suicide precautions and	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER SUPPLIES 200003 SUMMAND STATE COMPLICATION NUMBER 200003

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there was no documentation the every 15 minutes

Event ID: 8IC411

Facility ID: NVS839HOS

Any Potential Medical Concerns

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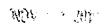
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>	OMB NO	<u>, 0938-0391</u>
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A2406	checks were done in was no expectation enter a note in the content of the content	the patient's chart. There the licensed nurse would computerized charting system nute check was done. The document the 15 minute. Employee #6 indicated the eck could be a visual check check. Employee #6 indicated citice in the ED that when a con a legal psychiatric hold, should be initiated and every were based on patient needs. EAM, Employee #3 indicated the entation the every 15 minute done. The camera in the a was rotating and was not affent. Ced on a legal psychiatric hold certified as a danger to self or acutely psychotic. The record evidence a psychiatric pleted to rule out a psychiatric n. The record lacked	A2-	406	Staff completes the Precaution A Flow sheet to document the 15 r assessments. ED Staff was initially educated re every 15 minute assessment documentation during the August and August 28, 2009 department meetings and during shift huddle education was completed in Aug (See Exhibit D2). Suicide Risk Assilegal 2000 information was prest the house wide Quality Fair held October 2009 (see Exhibit D5). Two new policies, Policy#EDGEN Operations Guidelines for Discharons Exhibit C1 Policy#EDGEN17 — Transition to Observation Unit (See Exhibit C2 drafted by the Chief Nursing Officiand Emergency Department (ED to provide more specific guidant processes implemented in 9/200 currently in place for use of the Monitoring Flow sheet to docum minute safety checks. The Board Trustees (BOT) approved the porouse (BOT) approved the porouse (BOT) approved the porouse Guidelines for Documents Guidelin	garding st 25, 2009 tal staff es. This cust 2009. essment ented at in staff and Discharge) and Discharge) birector se on 09 and Precaution ment 15 i of licies on	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 200003 NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER STREET ADDRESS, CITY, STATE, 2IP CODE 3188 3 MARYLAND PRWY LAS VEGAS, NV 88109 STREET ADDRESS, CITY, STATE, 2IP CODE 3188 3 MARYLAND PRWY LAS VEGAS, NV 88109 PRICIN (SACH DEFICIENCY MARTISE PROSECTION PRIL REGULATORY OR LSC IDENTIFYING INFORMATION) Transition to Discharge Observation Unit Exhibit C3 - BOT Approval Memorandum dated 10/25/10 Action: Staff Education Effective October 22, 2010 ED staff have been in-serviced by the ED Director regarding the new policies using a PowerPoint presentation suicide Preventions: Resp. for 5afer Patients. (Exhibit D3). Education has been conducted during shift huddles and staff meetings. ED staff will be required to complete education by 10/29/10 or prior to their next scheduled shift. Re-in service to the requirement for documentation of 15 minutes safety checks on the Presaudion Monitoring Flow Sheet (See Exhibit D1) was included. Exhibit D2 - Presaudion Monitoring Flow Sheet (See Exhibit D1) was included. Exhibit D3 - Presecution Monitoring Flow sheet and Prescaution Monitoring Flow sheet and Prescaution Monitoring Flow sheet family sheet and Prescaution Monitoring Flow sheet family shee	<u> </u>	TO LOW MEDIONINE	O MEDICALD SERVICES	,			- O141D 140	. 0000-000
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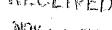
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RESPONSIBLE PARTY Chief Nursing Officer	
MONITORING The ED Manager conducter compliance with document Precaution Monitoring Floo minutes. (See Exhibit E1). Tonducted from 9/2009 un Compliance with document sustained for four consecut (See Exhibit E2). Exhibit E1 - DOU audit Exhibit E2 - Measure of monitoring completed 12/09. Beginning 11/1/10, the ED designee will conduct an air for patients in the DOU to compliance with document minute safety checks. (See Sample size 30 records per Results of these audits will and presented monthly to Committee, Medical Execution and Board of Trustees. The performed for a minimum Action: Form Revision and As the patient was medical placed on a legal hold, a reto an acute psychiatric faci	tation on the w sheet every 15 the audit was til 12/2009. tation was tive months. t log. f Success for 19/09 through Director or udit of records assure tation of 15 Exhibit E1) month. be compiled the Quality Care tive Committee, e audit will be of 3 months. Monitoring lly cleared and ferral was made

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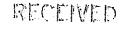
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NAME OF A	and then on allegation	290003		_		08/0	6/2010
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SUNRIS	E HOSPITAL AND ME	DICAL CENTER		1	LAS VEGAS, NV 89109		
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i	1				B2). The patient was transitioned t		
					Emergency Department DOU to av		
					psychiatric facilities mobile crisis to		•
					The Memorandum of Transfer form	n was	
				placed in the medical record, in	{		
					anticipation of the notification of		
				•	acceptance by the psychiatric facili	ty.	
:	i I	1			Per the Legal 2000 Daily Count		
					Spreadsheet (See Exhibit F3 and F4), the	
:					patient's pertinent information wa	* '	
					to Southern Nevada Adult Mental		
!					Services on 7/27/08 at 0230. The		
		j			Observational and Holding Daily Lo	g for	
	•				Sunrise Hospital (See Exhibit F1) ar	- 1	
					Southern Nevada Adult Mental He	alth	
					Services Fax Information Check off	Form	
					(See Exhibit F2), requesting a mobi	le crisis	
		1			evaluation is currently used to fax	this	•
		I.			information.		
					Exhibit F1 – Observational and	Holding	
		;			Daily Log for Sunrise Hospital		
ļ					Exhibit F2 – Southern Nevada	Adult	
					Mental Health Services Fax		
		ļ			Information Check off Form		
					Exhibit F3 – Legal 2000 Daily C	ount	
					Spreadsheet		
ł					Exhibit F4 - Instructions for cor	-	•
ļ		ļ			of Legal 2000 Daily Spreadshe	et	
.					electronic format		
					RESPONSIBLE PARTY		
ľ					Chief Nursing Officer		

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AND	LAN (of C	ORRE	CTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

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C 08/06/2010

NAME OF PROVIDER OR SUPPLIER

SUNRISE HOSPITAL AND MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS. NV 89109

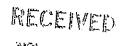
			LAS VEGAS, NV 89109			
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			MONITORING The ED Director or designee will conduct an audit of 30 entries per month for three months to assess compliance with completion of the Legal 2000 Daily Count Spreadsheet. (See Exhibit G1) Exhibit G1 – Legal 2000 Daily Count Spreadsheet and Referral Audit Tool Results will be aggregated, analyzed and reported to the Proactive Patient Safety and Quality Care Committee (QCC), MEC and BOT. Action: Policy Review All hospital policies and procedures related to EMTALA were reviewed by the Ethics and Compliance Officer and found to be in compliance with the requirements of CFR 489.24 in 2/2008 and again in 4/2010. (See Exhibit – H1-9 Policies related to EMTALA regulations). Exhibit H1 – Policy#LL.EM.005 Central Log Exhibit H2 – Policy#LL.EM.006 Duty to Accept Exhibit H3 – Policy#LL.EM.001 EMTALA Definitions and General Requirements Exhibit H4 – Policy#LL.EM.001a Medical Screening Exhibit H5 – Policy#LL.EM.004 Signage Exhibit H6 – Policy#LL.EM.002			

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Facility ID: NVS838HOS

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					Stabilization Exhibit H7 — Policy#LL.EM.00: Transfer Policy Exhibit H8 — Policy#ORG2434 Response to Emergencies Inside/Outside Exhibit H9 — Policy# LL. EM00: EMTALA Provisions of On Call coverage Exhibit H10 — Memorandum of Review submitted by Ethics at Compliance Officer Action: Physician Education Since 2008, at the time of initial appointment and reappointment physicians receive an educational (PowerPoint Presentation) with pentitled "EMTALA: Medical Staff L (See Exhibit 12 and Exhibit 13) registed attestation of receipt and complet the education prior to the grantin initial privileges or reappointment signed attestation (See Exhibit 14) required prior to the approval the Credentials Committee. This even occurred in July 2008. All ED physistaff have gone through either an appointment or reappointment si time and have completed the request of the Exhibit 12 - Education Memoration Chief of Staff Exhibit 12 - EMTALA: Medical Update PowerPoint presental Exhibit 13 - EMTALA: Medical	of Policy all handout ost test lpdate" arding ovide tion of g of t. The is ough the t icians on initial nce that uired from the	

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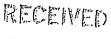
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				·	Update PowerPoint presentat test Exhibit I4 – Attestation of Acknowledgement and Receip education. Exhibit I5 – ED Physician EMT/ education roster Action: ED Physician in service ED physicians also have been prov reminder in-service education by to Medical Director via e-mail (See Exhibit J2) re special issues related to patients via present to the ED with psychiatric conditions. Physicians will be required to the ED with psychiatric conditions. Physicians will be required education and attestation Exhibit J3) by 10/29/10 or prior to next scheduled shift. Exhibit J1 - E-mail and Memorandum to ED Physicians will be the Exhibit J2 - "EMTALA": Memora	ot of ALA ided the ED khibit J1) garding who uired to on (See their	
					 Exhibit J3 Attestation of Acknowledgement and R education. 		Þ
					RESPONSIBLE PARTY Chief Medical Officer and VP Quality/Medical Staff		
-					MONITORING The Chief Medical Officer and ED will monitor physician compliance completion of in-service re educa 10/29/10 or prior to next schedul	to tion by	

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Facility ID: NVS639HOS

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STATEMENT OF DEFICIENCIES ANAPLAN OF CORRECTION
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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;

(X2) MULTIPLE CONSTRUCTION A. BUILDING

(X3) DATE SURVEY COMPLETED

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B. WING

Ç 08/06/2010

NAME OF PROVIDER OR SUPPLIER

SUNRISE HOSPITAL AND MEDICAL CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY

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			Results will be aggregated, analyzed and reported to the Proactive Patient Safety and Quality Care Committee (QCC), MEC and BOT.			
			TAG A2406 Based on the findings described in A2406, it was determined the Hospital failed to ensure compilance with CFR 489.24(r) and 489.24 (c). 1 out of 45 records sampled lacked documented evidence a psychiatric evaluation was completed to rule out a psychiatric emergency condition. Response The Hospital initiated an internal review and in depth root cause analysis of this case on 7/27/08. Sunrise Hospital and Medical Center does not have licensed psychiatric beds. As the Hospital does not provide psychiatric services, the Hospital does not have a psychiatrist listed in the physician ED on call roster. All of the Sunrise ED physicians are qualified and competent to perform a Medical Screening Examination (MSE) to determine If an Emergency Medical Condition (EMC) related to a psychiatric condition Is present. A review of the following policies was completed on 8/2008 and again on	10/29/10		
			10/21/10. These policies, Policy#SAF1002 - Mental Health Acute Care Management — Pediatric and Adult (Adult Legal 2000) (See	Value of the state		

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Event ID: 8IC411

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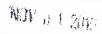
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	•				Exhibit A1) and Policy#HW Patients Requiring Protect Correctional Restrictions (are still in place to provide procedures and processes psychiatric evaluations are Exhibit A1 - Policy#SA Health Acute Care Ma Pediatric and Adult (A Exhibit A2 - Policy#HW Patients Requiring Pro- with Correctional Rest	ive Hold See Exhile guidance for ensure comple F1002 - I anageme dult Lega VSAF100 otective I	s or with bit A2) , ce on the uring ted. Mental nt – al 2000)	
					Action: Policy Review Policy#SAF1002 (See Exhib reviewed on 10/22/10 and revisions recommended. T Trustees (BOT) approved t on 10/25/10.	l minor v he Board	vording d of	
					A Medical Screening Exam on this patient, and was st the time of the patient's de Physician determined as re 433A.170 (See Exhibit B1) the Nevada Legal 2000 (L2 Exhibit B2), the patient had disorder or disease other the problem that required hos part of the ongoing MSE, manual required. The patient was	ill in propeath. The equired be and note K) R form d'no me han a psipitalizatinonitorin	gress at e ED by NRS. ed on n (See edical ychiatric ion." As	

IRM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 8IC411

Facility ID: NVS639HOS

If continuation sheet page 14 of 25



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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		IPLE CONSTRUCTION	(X3) DATE S	
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				•	Emergency Department Discharge Observation Unit (DOU) to await evaluation by the County Mobile C providers. Staff assigned to this geographic location do not have responsibility for other patients. Exhibit B1 - NRS. 433A.170 Exhibit B2 - Nevada Legal 2000 form	Crisis	
					Action: Contracted Services Review The Hospital made and entered in professional services agreement was Behavioral Health Institute, Inc. or 14, 2008. The contractor, Behavior Health Institute, Inc., per the exect contract shall, upon request, be as to provide consultation and relate Psychiatric Professional Services to unassigned inpatients and Emerge Room patients in a timely manner unassigned patient is defined as the patient who is not under a care of	to a with n August oral uted vailable d onency ne	
					psychiatrist at the time of visit to the facility. The agreement is currently effect until January 31, 2011. In addition to the above reference contracted services, the Hospital Frourent contract in place with Sour Nevada Adult Mental Health Services.	y in ed nas a thern	,

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If continuation sheet page 15 of 25



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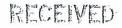
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					(SNAMHS) to ensure all appropriate mentally ill persons, for whom an involuntary legal hold has been initiare evaluated by SNAMHS Mobile. Team (MCT) staff. Once evaluated SNAMHS MCT a determination is not to whether the patient is in need of emergency mental health treatme could be released from the involunt hold and referred to a community program. The results of the SNAMI staff are provided to the Sunrise HED Medical Staff for review and ap Once the final disposition of the paraproved by the ED Medical Staff, SNAMHS MCT implements the apprecommendations. The contract we reviewed, approved, and renewed 1/1/08. RESPONSIBLE PARTY Chief Nursing Officer	tiated, Crisis by the nade as of nt or ntary based HS MCT ospital oproval. atient is the proved	
	•			,	MONITORING The ED Medical Director or designs conduct an audit of 30 patient recomments for three months to assess compliance with faxing of the New Legal 2000 (L2K) R form (See Exhibit the SNAMHS and to assess compliants with completion of the requested evaluation, Medical Screening Examination, and/or plan of care to	ords per ada oit B2) to ance MCT	

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Event ID; 8IC411

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If continuation sheet page 16 of 25



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					include disposition. Exhibit G1 – Legal 2000 Daily Capreadsheet and Referral Audin Results will be aggregated, analyze reported to the Proactive Patient Sand Quality Care Committee (QCC) and BOT. Action: Policy Review The policy, SAF1002 - Mental Healt Care Management – Pediatric and (Adult Legal 2000) (Exhibit A1), in pathe time of this event did not required documentation of 15 minute safety Additionally, there was no physicial for 15 minute safety checks. The practice of the nursing staff was observe the patient every 15 minute they did not have a specific form to documentation.	it Tool ed and safety , MEC th Acute Adult blace at ire y checks. en order as to tes, but	•
					More specific and stratified observed procedures were implemented usinew form titled "Precaution Monit Flow Sheet" (See Exhibit D1). This incorporated documentation of 15 safety checks. This process was implemented in 9/2009 following presentation of the root cause and The Joint Commission. The assess procedures were modified to include elements of:	ng a coring form minute lysis to nent	,

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				Visual Appearance Behaviors Sexually inappropriate in the sexual s	concerns ion Monitoring 2 15 minute ed regarding t August 25, 2009 mental staff uddles. This n August 2009. k Assessment presented at held in 05). OGEN16 – Daily Discharge oit C1) and on to Discharge oit C2), were g Officer (CNO) t (ED) Director idance on			

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currently in place for use of the Precaution Monitoring Flow sheet to document 15 minute safety checks. The Board of Trustees (BOT) approved the policies on

> Exhibit C1 - Policy#EDGEN16 - Daily Operations Guidelines for Discharge

10/25/10. (See Exhibit C3)

If continuation sheet page 18 of 25



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■ Exhibit C2 - Policy#EDGEN17 — Transition to Discharge Observation Unit ■ Exhibit C3 — BOT Approval Memorandum dated 10/25/10 Action: Staff Education Effective October 22, 2010 ED staff have been in-serviced by the ED Director regarding the we policies using a PowerPoint presentation Suicide Prevention; Kevs for Safer Patients. (Exhibit D3). Education has been conducted during shift huddles and staff meetings. ED staff will be required to complete education by 10/29/10 or prior to their next scheduled shift. Re-in service to the requirement of documentation of 15 minute safety checks on the Precaution Monitoring Flow Sheet (See Exhibit D1) was included. ■ Exhibit D1 - Precaution Monitoring Flow sheet and Precaution Monitoring: Visual Appearance Definitions ■ Exhibit D2 - Adult Emergency Department Staff Meeting Minutes August 25, 2009 and August 28, 2009 with staff attendance listed ■ Exhibit D3 - PowerPoint Presentation; Suicide Prevention; Kevs for Safer Patients ■ Exhibit D4 - Sign in sheets for preceeding education ■ Exhibit D4 - Sign in sheets for preceeding education	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	X	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION OATE
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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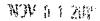
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l			1		Chief Nursing Officer	ed an audit of Intation on the DW sheet every 15. The audit was until 12/2009. Intation was utive months. It log. of Success for d 9/09 through Director or audit of records of assure intation of 15 in Exhibit E1) in month. It be compiled of the Quality Care utive Committee, the audit will be in of 3 months.	
					MONITORING The ED Manager conducted an aucompliance with documentation of Precaution Monitoring Flow sheet minutes. (See Exhibit E1). The auconducted from 9/2009 until 12/2 Compliance with documentation sustained for four consecutive modes (See Exhibit E2). Exhibit E1 - DOU audit log. Exhibit E2 - Measure of Succession monitoring completed 9/09 to 12/09. Beginning 11/1/10, the ED Directed designee will conduct an audit of for patients in the DOU to assure compliance with documentation of the procession of the	on the t every 15 lit was 2009. was onths. ess for hrough or or records	
					minute safety checks. (See Exhibit Sample size 30 records per month Results of these audits will be con and presented monthly to the Qu Committee, Medical Executive Co and Board of Trustees. The audit performed for a minimum of 3 months.	te1) npiled ality Care mmittee, will be onths.	
					As the patient was medically clear	ed and	

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placed on a legal hold, a referral was made

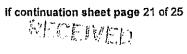
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					to an acute psychiatric facility. (SB2). The patient was transitioned Emergency Department DOU to a psychiatric facilities mobile crisis. Memorandum of Transfer form win the medical record, in anticipat notification of acceptance by the psychiatric facility. Per the Legal 2000 Daily Count Spreadsheet (See Exhibit F3 and Epatient's pertinent information with to Southern Nevada Adult Mental Services on 7/27/08 at 0230. The Observational and Holding Daily is Sunrise Hospital (See Exhibit F1): Southern Nevada Adult Mental Hoservices Fax Information Check of (See Exhibit F2), requesting a motevaluation is currently used to fail information. Exhibit F1 — Observational and Daily Log for Sunrise Hospital Exhibit F2 — Southern Nevada Mental Health Services Fax Information Check off Form Exhibit F3 — Legal 2000 Daily Spreadsheet Exhibit F4 - Instructions for confliction of Legal 2000 Daily Spreadsheet	to the twait the team. The vas placed tion of the vas faxed did Health Log for and the tealth off Form bile crisis at this and Holding did a Adult Count completion	
1					RESPONSIBLE PARTY	,	

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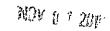
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					Chief Nursing Officer		
					MONITORING The ED Director or designee will can audit of 30 entries per month it months to assess compliance with completion of the Legal 2000 Daily Spreadsheet. (See Exhibit G1) Exhibit G1 – Legal 2000 Daily Spreadsheet and Referral Audit Results will be aggregated, analyz reported to the Proactive Patient and Quality Care Committee (QCC and BOT. Action: Policy Review All hospital policies and procedur to EMTALA were reviewed by the and Compliance Officer and found compliance with the requirement 489.24 in 2/2008 and again in 4/2 (See Exhibit — H1-9 Policies relate EMTALA regulations). Exhibit H1 — Policy#LL.EM.00 Log Exhibit H2 — Policy#LL.EM.00 Accept Exhibit H3 — Policy#LL.EM.00	for three h ly Count Count dit Tool zed and safety C), MEC res related e Ethics d to be in ts of CFR 2010. ed to	
					Definitions and General Requestions Exhibit H4 – Policy#LL.EM.00 Medical Screening Exhibit H5 – Policy#LL.EM.00)1a	

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	r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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					Exhibit H6 — Policy#LL.EM.002 Stabilization Exhibit H7 — Policy#LL.EM.003 Transfer Policy Exhibit H8 — Policy#ORG2434 Response to Emergencies Inside/Outside Exhibit H9 — Policy# LL. EM003 EMTALA Provisions of On Callacoverage Exhibit H10 — Memorandum of Review submitted by Ethics and Compliance Officer Action: Physician Education Since 2008, at the time of initial appointment and reappointment physicians receive an educational (PowerPoint Presentation) with pentitled "EMTALA: Medical Staff Laguations and must proattestation of receipt and comple the education prior to the granting initial privileges or reappointment signed attestation (See Exhibit I4) required prior to the approval the Credentials Committee. This even occurred in July 2008. All ED physistaff have gone through either and appointment or reappointment sitime and have completed the required EMTALA education. (Exhibit I5) Exhibit I1 – Education Memothen Chief of Staff Exhibit I1 – Education Memothen Chief of Staff	of Policy nd all handout ost test Jpdate" arding ovide tion of g of t. The is ough the it licians on initial ince that uired		
				•	 then Chief of Staff Exhibit I2 - EMTALA: Medical 	Staff		
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Update PowerPoint presentation

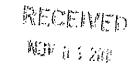
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					 Exhibit i3 - EMTALA: Medical Update PowerPoint presentatest Exhibit i4 - Attestation of Acknowledgement and Receipeducation. Exhibit i5 - ED Physician EMT education roster Action: ED Physician in service ED physicians also have been provereminder in-service education by Medical Director via e-mail (See Eand attachment (See Exhibit J2) respecial issues related to patients with present to the ED with psychiatric conditions. Physicians will be requested to patients will be requested education and attestation Exhibit J3) by 10/29/10 or prior to next scheduled shift. Exhibit J1 - E-mail and Memorate to ED Physicians Exhibit J2 - "EMTALA": Medic Update dated 10/27/10 Exhibit J3 - Attestation of Acknowledgement and Receipeducation. RESPONSIBLE PARTY Chief Medical Officer and VP Quality/Medical Staff MONITORING The Chief Medical Officer and ED will monitor physician compliance completion of in-service re education. 	ot of ALA rided the ED xhibit J1) egarding who uired to on (See their randum cal Staff	
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				10/29/10 or prior to next school Results will be aggregated, an reported to the Proactive Pati and Quality Care Committee (and BOT.	alyzed and ent Safety		
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